



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/07/2014

Business ID: 423365

William M. Gardner

Secretary of State

W.W. BERRY'S TRANSPORTATION, INC.

97 MOORE STREET  
LISBON, NH 03585

## ADDRESS OF PRINCIPAL OFFICE:

97 MOORE STREET  
LISBON, NH 03585

## REGISTERED AGENT AND OFFICE:

BERRY, WALLIE W  
97 MOORE STREET  
LISBON, NH 03585

ENTITY TYPE: CORPORATION

BUSINESS ID: 423365

STATE OF DOMICILE: NEW HAMPSHIRE

BUS TRANSPORTATION BUSINESS KNOWN AS BERRY'S  
TRANSPORTATION INC

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

TREAS. Marcia S Heath

STREET 97 Moore St.

CITY/STATE/ZIP Lisbon Nh 03585

V-PRES. Craig Simpson

STREET Trevena Rd.

CITY/STATE/ZIP Lyman NH 03585

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Greg Eldridge

STREET 51 Mill St. Unit 10

CITY/STATE/ZIP Wolfboro NH 03894

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Marcia S Heath

Please print name and title of signer:

Marcia S Heath

/

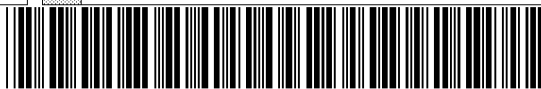
TREASURER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



042336520141001

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301